

- ☐ Application
- ☐ Birth Certificate
- ☐ High School Verif.
- ☐ Photo

****FOR OFFICE USE ONLY****

Receipt #

ID #

Issue Date

Apprentice Lic.# ELA

**Rhode Island
Board of Examiners in Electrology
Room 104
3 Capitol Hill
Providence, RI 02908-5097**

*Instructions and
License Application for:*

ELECTROLOGY APPRENTICE

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2828 Fax: (401) 222-1272 TTY/TDD: (800) 745-5555

APPRENTICE ELECTROLOGIST

I HEREBY make application to the Office of Health Professions Regulation to be registered as an apprentice electrologist in accordance with the provisions of Section 5-32-4 of the General Laws as amended.

NAME _____
First Middle Last Maiden

ADDRESS _____
Street City/Town State Zip Code

TELEPHONE _____ E-MAIL _____ FAX _____

Birth Date _____ SS# _____

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

High School Graduation/GED Date Earned: _____

High School _____
Name Street City/Town State/Zip

INSTRUCTOR'S STATEMENT

INSTRUCTOR'S NAME _____ LICENSE # _____
First Middle Last

INSTRUCTOR'S ADDRESS

Street City/Town State/Zip

AFFIDAVIT

State of Rhode Island, County of _____ in _____ in
said county on this _____ day of _____ 20____, personally appeared before me

Signature of Applicant

Notary Public

My Commission Expires: _____

Signature of Instructor

SEAL

Completing your Board Application:

Complete all pages of the application. Do not submit applications without all applicable information, documentation and fee. Mail these components of the application to:

**Rhode Island Department of Health
3 Capitol Hill, Room 104
Providence RI, 02908-5097**

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing. Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the Board application. If you have any questions about this application process, or would like to check on the status of your Board application, please contact this office at (401) 222-2828.

General Instructions

1. Make a copy of the application and forms before you begin, in case you make a mistake.
2. Type your information or print in blue or black ballpoint pen. Board staff will not make assumptions about illegible information. Be sure to print your name in the box provided on the cover page.
3. Provide a response to each section or question; otherwise, mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to the Board.
5. It is your responsibility to check on the status of your application.

General Information

Complete and submit application along with the following:

1. Completed application signed & notarized (must be signed by, both, the Applicant and Instructor)
2. Verification of High School Graduation or GED equivalency
3. Certified copy of birth certificate
4. Passport size photograph